

UNITED STATES NATIONAL STAGE SHEET (DO/EO)
Karen Williams, Paralegal

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U. S. APPL. NO. 10/552,979

INTERNATIONAL APPL. EP 04/029,58

Application Filed By: 30 MOS

International Application <input checked="" type="checkbox"/>	Translation <input checked="" type="checkbox"/>	Defective <input type="checkbox"/>	Reason _____
WIPO Designated <u>EP</u>	Elected _____	IA Language	<u>GERMAN</u>
Copy of Search Report (ISR) <input checked="" type="checkbox"/>	Article 33 _____	Article 19 _____	
371 Filing fees <input checked="" type="checkbox"/> paid _____ insufficient	Pages _____		
Total Claims <u>21</u> Chargeable <u>21</u> Independent <u>3</u> Multiple <u>✓</u>			
Total Drawing Sheets <u>1</u> Defective <input type="checkbox"/> Reason _____			
Oath/Declaration needed _____ signed <u>18 APR 04</u> defective <input type="checkbox"/> Reason _____			
Small entity _____ Large entity <input checked="" type="checkbox"/> Small entity statement _____			
Biochemical Seq. Diskette _____ needed _____ damaged _____ entered _____ not entered _____			
Biochemical Sequence listing _____ needed _____ statement _____ no statement _____			
Copy of References Cited in ISR _____	IB/331 _____		
Copy of IPER _____ Annexes _____ entered _____ not entered _____ Reason _____			
Preliminary Amendments <input checked="" type="checkbox"/> entered _____ not entered _____ Reason _____			
Information Disclosure Statement <input checked="" type="checkbox"/> Request for Immediate Examination _____			
Substitute Specification <input checked="" type="checkbox"/> Assignment _____ Priority document <input checked="" type="checkbox"/>			
Power of Attorney _____ Data Sheet _____ RO/101 _____ PCT Easy _____			
Other papers _____			
35 USC Receipt of Request <u>12 OCT 05</u>			
Date completion USC 371 Requirements <u>18 APR 04</u>			
Notice of Missing Requirements _____			
Notice of Defective _____ Response _____ Translation _____ Declaration _____ Disk _____			
Notice of Acceptance <u>26 MAY 04</u>			
Notice of Abandonment _____			
Notice of Missing Sequence _____			